roved for use through 9/30/00. CMB 0851-0032 rk Office; U.S. DEPARTMENT OF COMMERCE I to a collection of Information unless it contains Under the Paperwork Reduction Act of 1995, no persons a valid OMB control number.

|                                   |   |   | Attorney Docket Num | ber                                 |                      |       |          |  |  |  |  |
|-----------------------------------|---|---|---------------------|-------------------------------------|----------------------|-------|----------|--|--|--|--|
| DECLARATION FOR UTILITY OR DESIGN |   |   |                     |                                     | First Named Inventor | SAJID | A.M.KHAN |  |  |  |  |
|                                   | PATE  |   |                     | PLICATION                           | COMPLETE IF KNOWN    |       |          |  |  |  |  |
| (37 CFR 1.63)                     |   |   |                     |                                     | Application Number   |       |          |  |  |  |  |
|                                   | Submitted OR Submit<br>with Initial Filing (<br>Filing (37 CF |   | - Personal          |                                     | Filing Date          |       |          |  |  |  |  |
| ╙                                 |   | OR  | L                   | Declaration Submitted after Initial | Group Art Unit       |       |          |  |  |  |  |
|                                   |   | Filing (surcharge<br>(37 CFR 1.16 (e))<br>required) | Examiner Name       |                                     |                      |       |          |  |  |  |  |
| _                                 |   |   |                     |                                     |                      |       |          |  |  |  |  |

| A - A A - t I be someon to be   | anabu daalaan thata                            |   |   |   |         |  |  |  |  |
|---|--|---|---|---|---------|--|--|--|--|
| As a below named inventor, I hereby declare that:   |  |   |   |   |         |  |  |  |  |
| My residence, post office address, and citizenship are as stated below next to my name.   |  |   |   |   |         |  |  |  |  |
| I believe it am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: |  |   |   |   |         |  |  |  |  |
| DEBIT CA  |  |   |   |   |         |  |  |  |  |
| the specification of which  | (This  | e of the Invention)                                 | WEEK  | Y LIMIT   | S.      |  |  |  |  |
| is attached hereto  |  |   |   | •   |         |  |  |  |  |
| West filed on (MM/DDYYYY  | 0  | as Un   | ited States Applica                           | tion Number or PCT Intern                                   | stionel |  |  |  |  |
| Application Number  |  |   |   | (/ appl   | cahlas  |  |  |  |  |
| I hereby state that I have reviewed   |  | es amended on (MM/DD                                | . 6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1     |   | ,       |  |  |  |  |
| amended by any amendment spec   |  |   | эпина вресисько                               | n, including the cauris, as                                 |         |  |  |  |  |
| i acknowledge the duty to disclose  | Information which is                           | meterial to palentability :                         | es defined in 37 Cf                           | R 1.56.   |         |  |  |  |  |
|   |  |   | ······  |   |         |  |  |  |  |
| I hereby claim foreign priority bene<br>certificate, or 365(a) of any PCT in<br>America, listed below and have also<br>or of any PCT international applicati  | ternational application identified below, by a | n which designated at i<br>checking the box, any fo | least one country or<br>reign application for | other than the United Stat<br>r patent or inventor's certif | es of   |  |  |  |  |
| Prior Foreign Application<br>Number(s)  | Country  | Foreign Filing Date<br>(MM/DD/YYYY)                 | Priority<br>Not Claimed                       | Certified Copy Attach YES NO                                | ed?     |  |  |  |  |
|   |  |   | 300   | 000   |         |  |  |  |  |
| •   |  |   |   | 6 6   |         |  |  |  |  |
| Additional foreign application nu   |  |   |   |   |         |  |  |  |  |
| Additional foreign application nu I hereby claim the benefit under 35 Application Number(s)   | U.S.C. 119(e) of an                            |   |   |   |         |  |  |  |  |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

E. Stant. The state of T Hand I.

THE AT THE RESIDENCE WAS THE

The first street with the first street

## **DECLARATION**—Utility or Design Patent Application

| United States<br>Information wi       | or PCT I  | ofit under 35 U.S.C.<br>ica, listed below and<br>nternational applicati<br>eterial to patentabilit<br>T international fling d | i, inc<br>on ir<br>v as | iolar as the aul<br>i the manner pr<br>: delined in 37 ( | bject matte<br>ovided by t<br>CFR 1 56 v | r of ou      | ich of the c | claims of th | nis applicat | ion is no           | ot disclose                       | d in the prio |  |
|---------------------------------------|-----------|---|-------------------------|--|--|--------------|--------------|--------------|--------------|---------------------|-----------------------------------|---------------|--|
| U.S. Parent Application or PCT Parent |           |   |                         |  | Parent Filing Date Pa                    |              |              |              |              | arent Patent Number |                                   |               |  |
|                                       |           | Number  |                         |  |  | (MM/DD/YYYY) |              |              |              | (If                 | (if applicable)                   |               |  |
| Additiona                             | U.S. or   | PCT international ap  | Dica                    | tion numbers a   | n listed on                              | e sun        | niemental n  | riority data | Sheet PTC    | /SB/028             | ationis i                         | hemin         |  |
| As a named im                         | ventor, i | hereby appoint the fo   |                         |  |  |              |              |              |              |                     |                                   |               |  |
| and Trademark                         | Office o  | onnected therewith:   |                         | Customer Num<br>OR                                       |  |              |              | <u> </u>     | <del></del>  |                     | Place Customer<br>Number Bar Code |               |  |
|                                       |           |   |                         | Registered pra   | cillioner(s)                             | name         | registration | number lis   | woled beta   |                     | Labelh                            |               |  |
|                                       | Nan       | 16  |                         |  | tration<br>nber                          |              |              | Nam          | 1e           |                     | Registration<br>Number            |               |  |
|                                       |           |   |                         |  |  |              |              |              |              |                     |                                   |               |  |
| Additional                            | registere | d practitioner(s) nam   | ed o                    | n supplemental   | Registered                               | Pract        | itioner Info | mation she   | el PTO/SB    | /02C ett            | ached hen                         | eto.          |  |
| Direct all corr                       | espond    |   |                         | er Number<br>Code Label                                  |  |              |              | OR           | Com          | spond               | ence add                          | iress below   |  |
| Name                                  | 2         | SAJID   | A                       | LIY  | MIR                                      | 21           | 4            | KH           | AN           |                     |                                   |               |  |
| Address                               | ·         | 2 yr  | <u>)  </u>              | ON   | PL                                       | -A           | CE           |              |              |                     |                                   |               |  |
| Address                               |           |   |                         |  |  |              |              |              |              |                     |                                   |               |  |
| City                                  |           | OGE FIE.  | <u>L</u>                | PAI  | RK                                       |              | ate >        | 1J.          | ZIP          | 0                   | > 66                              |               |  |
| Country                               | 4         | . S. A .  |                         | Telephon   | e 20,                                    | 1.8          | 1418         | 08           | Fax 2        | 12-9                | 4214                              | 862           |  |
| punishable by                         | ine or ir | I statements made to<br>i further that these in<br>prisonment, or both<br>i issued thereon.                                   |                         | NTARIE Ware in   | الا والقيد هامد                          | ua bunn      | udadaa the   | d walked fal | aa alalama   |                     | the the e                         |               |  |
| Name of So                            | ole or F  | irst Inventor:  |                         |  |  |              | petition f   | nas been 1   | filed for th | is unsig            | gned inve                         | entor         |  |
|                                       |           | ne (first and middle  | e fif                   |  |  | <u> </u>     | 1 4 4        |              | Name or      | Sumar               | ne                                |               |  |
|                                       | <u> </u>  | JID   |                         |  | M.                                       | <u> </u>     | KH           | HAN          |              |                     | ,                                 |               |  |
| Inventor's<br>Signature               |           | Bu  | Q                       | n  |  | <b>,</b>     |              |              |              |                     | Date                              | 4.3001        |  |
| Residence: City RIDGEFIEAD            |           |   | P                       | K. State   | N.J.                                     | C            | ountry       | 4.           | <u>s. A.</u> | CH                  | lizenship                         | INDIAK        |  |
| Post Office Ac                        | idress    | 2 un  | <u>از</u>               | ON   | PL                                       | A            | CE_          |              |              |                     |                                   |               |  |
| Post Office Ac                        | dress     |   |                         |  |  |              |              |              |              |                     |                                   |               |  |
| City RIDGERIELD PARK State            |           |   |                         | N.J.   | ZIP                                      |              | 076          | 60           | Country      |                     | 4.1                               | S.A.          |  |
| Additional I                          | inventor  | s are being named   | i on                    | the sup  | piementa                                 | i Addi       | tional Inve  | entor(s) si  | heet(s) P1   | O/SB/               | )2A attac                         | hed hereto    |  |

| Please type a plus sign (+) inside this box -> | Y | - | ı |
|--|---|---|---|
|--|---|---|---|

PTC/SB/02A (3.97)
Approved for use through 9/30/98, CMS 0851-0332
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE required to respond to a collection of information unless it contains a

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains walld CMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_\_\_ of \_\_\_

|                         |                             |         |                        |                        |            |                   |          |            | _       |        |  |
|-------------------------|-----------------------------|---------|------------------------|------------------------|------------|-------------------|----------|------------|---------|--------|--|
| Name of Additi          | onal Joint Inventor, it     | any:    |                        |                        | 7 A petit  | ion has been file | d for th | nis unsign | ed in   | wentor |  |
| Given I                 |                             |         | Family Name or Surname |                        |            |                   |          |            |         |        |  |
| A                       | 741                         |         | KHAN                   |                        |            |                   |          |            |         |        |  |
| inventor's<br>Signature |                             |         | Date                   |                        |            |                   |          |            | 4.30.01 |        |  |
| Residence: City         | RIDGEFIELD                  | PK N.   | J. N                   | J.                     | Country    | 4.5.              | 4.       | Citizensh  | ip I    | 4.5.   |  |
| Post Office Address     | 2 UNI                       |         | PL                     | AC                     | E          |                   |          |            |         |        |  |
| Post Office Address     |                             |         | ·····                  |                        |            |                   |          |            |         |        |  |
| City                    | RIDGEFIELD.                 | PK N    | 7 3                    | J.J.                   | 219        | 07660             | Country  | , 4        | S       | A      |  |
| Name of Addition        | onal Joint Inventor, if     | any:    |                        |                        | A petitic  | n has been filed  | for thi  | s unsigne  | d im    | rentor |  |
| Given Na                | ame (first and middle [if a | ny])    |                        | $\Box$                 |            | Family Nam        | e or S   | umame      |         |        |  |
| SHE                     | BA SAR                      | WA      | 7                      | KHAN                   |            |                   |          |            |         |        |  |
| inventor's<br>Signature | Shelakhan                   | )       |                        |                        |            |                   |          | Date       |         | 4.30.  |  |
| Residence: City         | RIDGE FIELD F               | M Stat  | . <i>N</i> .3          | T.                     | Country    | 4.5.              | A.       | Citizens   | nip     | 4.5.   |  |
| Post Office Address     | 2 UN                        | 10N     | PL                     | A                      | CE         |                   |          |            |         |        |  |
| Post Office Address     |                             |         |                        |                        |            | ;                 |          |            |         |        |  |
| City                    | RIDGEFIELD.                 | P( Stat | · Υ.                   | J.                     | ZIP        | 07660             | Count    | ry (       | 1.      | S.A.   |  |
| Name of Addition        | nal Joint Inventor, if a    | ny:     |                        |                        | A petition | n has been filed  | for this | unsigned   | inv     | entor  |  |
| Given Na                | me (first and middle (if an | yl)     |                        | Family Name or Surname |            |                   |          |            |         |        |  |
|                         |                             |         |                        |                        |            |                   |          |            |         |        |  |
| inventor's<br>Signature |                             |         |                        |                        |            |                   |          | Date       |         |        |  |
| Residence: City         |                             |         | Country                |                        |            | Citizensh         | ip       |            |         |        |  |
| Post Office Address     |                             |         |                        |                        |            |                   |          |            |         |        |  |
| Post Office Address     |                             |         |                        |                        |            |                   |          |            |         |        |  |
| Сну                     |                             | State   | -                      |                        | ZIP        |                   | Cou      | intry      |         |        |  |

Burden Hour Statement: This form: a sesumated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

3 0 3

PTO/SB/05 (12-97)
Approved for use through 9/30/00, OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| STATEMENT CLAIMING SMALL ENTITY STATUS<br>(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR   | Docket Number (Optional)                                      |
|--|---|
| Applicant, Patentee, or Identifier: SAJID ALI MIRZ   | ZA KHAN   |
| Application or Patent No.:   |   |
| Filed or Issued:   |   |
| THE DEBIT CARDS AND CREDIT CARDS   | WITH WEEKLY   |
|  | LIMITS.   |
| As a below named inventor, I hereby state that I qualify as an independent inventor for purposes of paying reduced fees to the Patent and Trademark Office described   |   |
| the specification filed herewith with title as listed above.   | ŧ.  |
| the application identified above.  | •   |
| the patent identified above.   |   |
| I have not assigned, granted, conveyed, or ficensed, and am under no obligation ur<br>grant, convey, or ficense, any rights in the invention to any person who would not qual<br>under 37 CFR 1.9(c) if that person had made the invention, or to any concern which<br>business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9 | ify as an independent inventor hwould not qualify as a small  |
| Each person, concern, or organization to which I have assigned, granted, conveye obligation under contract or law to assign, grant, convey, or license any rights in the   | d, or licensed or am under an<br>e invention is listed below: |
| No such person, concern, or organization exists.   |   |
| Each such person, concern, or organization is listed below.  |   |
| · · · · · · · · · · · · · · · · · · ·  | ,   |
| • .  |   |
| Separate statements are required from each named person, concern, or organization stating their status as small entities. (37 CFR 1.27)  | having rights to the invention                                |
| I acknowledge the duty to file, in this application or patent, notification of any chang entitlement to small entity status prior to paying, or at the time of paying, the earmaintenance fee due after the date on which status as a small entity is no longer ap   | rliest of the issue fee or any                                |
|  | DIL ALI KHAN  |
| NAME OF INVENTOR NAME OF INVENTOR NAME   | AME OF INVENTOR   |
| Signature of inventor Signature of inventor Signature  | A Land  |
| 4·30·01 4·30·01 Date Date  | 1.30.01   |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.